

PROBABLE CAUSE AFFIDAVIT
Sarasota County

2006 CF 005231 NC
Affix label here

AGENCY ☒ SSO ☐ SPD ☐ FHP ☐ VPD ☐ NPPD ☐ LBPD ☐ OTHER ☒ ORIGINAL ☐ SUPPLEMENTAL

SSO CASE # 06-22100 SSO BK# 06-5071 OBTS # 5801088400 ARREST #
AGENCY CASE # 7006 MAR 21 PM 3:06 SAO # FDLE # 02894078 CTC #

D E F E N D A N T	ADULT - ARREST		<input type="checkbox"/> WITH WARRANT <input checked="" type="checkbox"/> WITHOUT WARRANT <input type="checkbox"/> NON ARREST COMPLAINT		JUVENILE		<input type="checkbox"/> ARRESTED / DETAINED <input type="checkbox"/> ARRESTED / RELEASED WITH REFERRAL <input type="checkbox"/> NON-ARREST REFERRAL <input type="checkbox"/> TEEN COURT REFERRAL												
	(LAST, FIRST, MIDDLE INITIAL)					(LAST, FIRST, MIDDLE INITIAL)													
	DEFENDANT Decker, Patricia Anne					ALIAS N													
	DOB		AGE		SEX		RACE		HGT		WGT		COLOR HAIR		COLOR EYES				
	01-19-67		39		F		W		5'6		140		Blond		Brown				
	ADDRESS 5850 Old Summerwood Blvd, Sarasota Florida																		
	PHONE #					SCARS/MARKS/TATTOOS													
	941-302-6144					U													
	DL#					ST		SOCIAL SEC#			CITY			STATE					
	D260-681-67-519-4					FL		[REDACTED]			Massachusetts			[REDACTED]					
OCCUPATION										EMPLOYER									
Nurse										Medicare									
EMPLOYER ADDRESS															PHONE #				
U															U				
CITIZENSHIP		IMMIGRATION STATUS			1		RESIDENCE TYPE			2		RESIDENCE STATUS			1		INFLUENCE OF DRUGS/ALCOHOL		
		1. PERMANENT/LEGAL RESIDENT OF US 2. LEGAL VISITOR 3. UNDOCUMENTED ILLEGAL ALIEN 4. UNKNOWN					1. CITY 2. COUNTY 3. FLORIDA 4. OUT OF STATE					0. N/A 1. FULL YR 2. PART YR 3. NON-RES					<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		

C R I M E S E V E N T	DATE & TIME OF CRIME		CRIME LOCATION				LOC TYPE		ZONE		GRID	
	03/12/06 1400		5850 Old Summerwood Blvd, Sarasota Florid				01		3		106	
	F.S./ORD #		CHARGE						<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD		BOND	
	827.03(3)(C)		Child Neglect								#00	
	F.S./ORD #		CHARGE						<input type="checkbox"/> FELONY <input type="checkbox"/> MISD		BOND	
	N		N								N	
	F.S./ORD #		CHARGE						<input type="checkbox"/> FELONY <input type="checkbox"/> MISD		BOND	
	N		N								N	
	INVESTIGATING L.E.O.										ID#	
	Det. K Northfield										1503	
DRUG UNIT		1. GRAM 2. MILLIGRAM		3. KILOGRAM 4. OUNCE		5. POUND 6. TON		7. LITER 8. MILLILITER		9. DOSE/UNIT/ITEM		
N										N		
DRUG TYPE		E. HEROIN H. HALLUCINOGEN O. OPIUM/DERIV C. COCAINE		M. MARIJUANA A. AMPHETAMINE B. BARBITURATE S. SYNTHETIC		U. UNKNOWN Z. OTHER P. PARAPHERNALIA EQUIPMENT		N. N/A		DRUG ACTIVITY		
										M. MANUF/CULT S. SELL E. USE D. DELIVER		
TYPE WEAPON		00. N/A 01. HANDGUN 02. RIFLE 03. SHOTGUN		04. UNK FIREARM 05. KNIFE/CUTTING 06. BLUNT OBJECT 07. HANDS/FIST/FEET		08. POISON 09. EXPLOSIVES 10. FIRE/INCENDIARY 11. THREAT/INTIMID		12. SIM WEAPON 13. DRUGS 88. UNKNOWN 99. OTHER		CALIBER GAUGE		
SEIZED <input type="checkbox"/> YES <input type="checkbox"/> NO										00		
										N		
										N		

A R R E S T	DATE & TIME OF ARREST		ARREST L.E.O./ID#		ASST L.E.O./ID#	
	3-21-06 1500		Northfield			
	ARREST LOCATION				ZONE	
	5850 Old Summerwood					
	CAPIAS/WARRANT #				COUNTY & STATE OF WARRANT	
S T	DATE BOOKED		TIME BOOKED		RETURNABLE DATE	
	3/21/06		1643		4-28-06	
	RELEASED BY		RELEASED TO		BOOKING OFFICER	
					[Signature] 41415	
				DATE/TIME RELEASED		

V I C T I M	VICTIM NAME [REDACTED]					HOME PHONE #	
	[REDACTED]					N	
	ADDRESS [REDACTED]					BUS	
	[REDACTED]					[REDACTED]	
DOB		AGE		SEX		RACE	
[REDACTED]		[REDACTED]		M		[REDACTED]	

Case: 2006 CF 005231 NC
0009352324
Dkt: PBLCAFF

PROBABLE CAUSE AFFIDAVIT
Sarasota County

☒ ORIGINAL - PAGE 2 of 3

☐ SUPPLEMENTAL - PAGE _____ of _____

DEFENDANT Decker, Patricia	SSO BK #	AGENCY CASE # 06-22100
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☒ ADULT CASE

☐ JUVENILE CASE

STATE IN DETAIL WHAT THE DEFENDANT DID THAT YOU ALLEGE WAS ILLEGAL. INCLUDE EVENTS THAT LEAD UP TO THE INCIDENT; ALSO INCLUDE WHY DEFENDANT ACTED AS HE DID IF THIS IS KNOWN. HEARSAY IS PERMISSIBLE AND RELEVANT COMMENTS OF THE DEFENDANT OR WITNESSES INVOLVED SHOULD BE SUMMARIZED. (INCLUDE WHO, WHAT, WHERE, WHY, WHEN, HOW)

On 03/14/2006 I was present at The Child Protection Center, when a badly beaten [REDACTED] old male child was brought in for a medical examination. The child was living in a foster home with four other male children. Dr. Keeley finished the assessment and determined that the victim was a battered child who had suffered multiple inflicted injuries in various stages of healing. The victim was covered in bruises, cuts and abrasions from head to toe. Dr. Keeley was very concerned for the child's safety and ordered that the child be immediately taken to the Emergency Room at Sarasota Memorial Hospital for a full skeletal series. Dr. Keeley also stated that the child be removed from his home and placed in a safe environment.

On 03/14/06, Sgt. Iorio, DCF Investigator's Ruffing and Penmann and I met with the defendant, her three foster children and her biological son [REDACTED]. At this time, the three foster care children were being removed from the defendant's care due to the substantial injuries which had been inflicted on the victim. During this non-custodial interview, the defendant told us that she had left the victim alone in her home with two nine year olds to go to the hospital and get x-rays on her foot. She said that the older boys were playing video games and the victim was asleep. When she arrived home, she heard the victim screaming and found him prone on his stomach with a television set on his back. She told us that he was squirming and thrashing about, under the television and could not get up; she had to pull the television off of his back to release him.

I asked the defendant why she did not seek any medical attention to the victim after the "accident", she replied, "because, it looks like I beat the shit out of the kid, and I didn't want to lose my license". She went on to say that earlier that weekend, the victim had freaked out when she left him alone in the car while she shopped at a CVS store. She said that when she got back in her vehicle, the victim was screaming, crying and was red all over. He was smashing his face, and head about the car seats and windows. The defendant explained that he had severe emotional problems and was always having temper tantrums, biting other kids, kicking and punching. She said that he was out of control and his case worker will not get him any medications.

☒ ADDITIONAL PAGES - ATTACHED AND INCORPORATED HEREIN

SIGNATURE OF L.E.O./AFFIANT

ID# 1503

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 21 DAY OF March, 2006, BY

Det. K Northfield

(PRINT L.E.O./AFFIANT NAME)

☒ WHO IS PERSONALLY KNOWN OR ☐ WHO PRODUCED THE FOLLOWING

IDENTIFICATION _____

SUPERVISOR SIGNATURE _____

SIGNATURE

☒ L.E.O. ID #

PRINT NAME

Sgt. Chris Forio

367

SGT CHRIS FORIO

☐ NOTARY

ID#

PROBABLE CAUSE AFFIDAVIT
Sarasota County

☒ ORIGINAL - PAGE 3 of 3

☐ SUPPLEMENTAL - PAGE _____ of _____

DEFENDANT Decker, Patricia	SSO BK #	AGENCY CASE # 06-22100
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☒ ADULT CASE

☐ JUVENILE CASE

STATE IN DETAIL WHAT THE DEFENDANT DID THAT YOU ALLEGE WAS ILLEGAL. INCLUDE EVENTS THAT LEAD UP TO THE INCIDENT; ALSO INCLUDE WHY DEFENDANT ACTED AS HE DID IF THIS IS KNOWN. HEARSAY IS PERMISSIBLE AND RELEVANT COMMENTS OF THE DEFENDANT OR WITNESSES INVOLVED SHOULD BE SUMMARIZED. (INCLUDE WHO, WHAT, WHERE, WHY, WHEN, HOW)

The defendant by her own admission stated that she was aware the victim was an emotionally unstable child who was difficult to handle and was prone to self abuse and violent temper tantrums. Based on her medical training as a registered nurse, and years of experience the defendant should have known that this child was in need of constant supervision and was a danger to himself and others.

The defendant, Patricia A Decker, failed to make a reasonable effort with the protection and well being of this [REDACTED] child, and willfully failed to provide him with adequate supervision and medical care to maintain his physical health. This is in violation of F.S.S. 827.03(3)(a)1.

These events did occur in the county of Sarasota, Florida.

☐ ADDITIONAL PAGES - ATTACHED AND INCORPORATED HEREIN

SIGNATURE OF L.E.O./AFFIANT

ID# **1503**

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 21 DAY OF March, 2006, BY
Det. K Northfield ☒ WHO IS PERSONALLY KNOWN OR ☐ WHO PRODUCED THE FOLLOWING

(PRINT L.E.O./AFFIANT NAME)

IDENTIFICATION LEO

SIGNATURE

☒ L.E.O. ID #

☐ NOTARY

SUPERVISOR SIGNATURE

PRINT NAME

ID#